										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997										09/0	139	702			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE				R THAN ENTITY		
FOR			NUMBER FILED			NUMBER	R/	ATE	FEE		RATE	FEE			
BASIC FEE				***	. · ·	: 3 * 4	Mark Attack	395.0			OR	****	790.00		
TOTAL CLAIMS				minus	20 =	*	x\$11=			OR	x\$22=				
INDEPENDENT CLAIMS			minus 3 =			*	x41=			OR	x82=				
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			OR	+270=)		
* if th	e difference in co	olumn 1 is l	ess than :	zero, enter "0" ii	" in column 2				TOTAL			TOTAL	190·W		
CLAIMS AS AMENDED - PART II													R THAN		
		(Colun			<u>`</u>	olumn 2) GHEST	(Column 3)	S	MAL	L ENTITY	OR I	SMALL	ENTITY		
ENT A	***	REMAI AFT AMEND	INING ER	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MOI	Total	. 10)	Minus	**	20	=	x\$	11=		OR	x\$22=			
AMENDMENT	Independent	* 3		Minus	***	3	=	x4	1=		OR	\$\$ z=			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	1970=			
	(Column 1) (Column 2) (Column 3)							ADDIT	OTAI		OR	TOTAL ADDIT. FEE	D		
NT B	**************************************	CLA REMA AFT AMEND	INING ER		NI PRE	GHEST UMBER VIOUSLY AID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DMI	Total	*		Minus	**		=	x\$	11=		OR	x\$22=			
AMENDME	Independent	*		Minus ***		=		X ²	11=		OR	x82=			
∀	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=			
:	(Column 1) (Column 2) (Column 3)							ADD	OTA . FEI		OR	TOTAL ADDIT. FEE			
AMENDMENT C		CLA REMA AFT AMEND	INING ER		NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* .		Minus	**		=	x\$	11=		OR	x\$22=			
	Independent	t *		Minus ***				X ²	l1=		OR	x82=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number fou									OTA r. FEI app	E _		TOTAL ADDIT. FEE 1.			

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/039,202

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					id . 16.			ATE	FEE	1	RATE	FEE	┪	
FOR			NUMBER FILED		NUMBER EXTRA			SIC FEE	370.00	OR	BASIC FEE	740.00	1	
TOTAL CHARGEABLE CLAIMS			// minus 20= *				X	\$ 9=		OR	X\$18=		1	
IND	EPENDENT CL	_AIMS	minus 3 = *				×	42=		OR	X84=		1	
MULTIPLE DEPENDENT CLAIM PRESENT								140=		OR	+280=		٦	
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR	TOTAL	1419		
B CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	MALL I	ENTITY	OR	OTHER SMALL I		1	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE		
	Total	* 10	Minus	** 20		=	X	\$ 9=	1	OR	X\$18=]	
	Independent	* 3 INTATION OF M	Minus	***	7 7	=	X	42=		OR	X84=			
	FIRST PRESE	INTATION OF M	OLTIPLE DEF	ENDENT	CLAIM		+1	40=.		OR	+280=			
o RCE								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	0]	
	<u>, </u>	(Column 1)	Signed with famine and when	(Colur		(Column 3)				Ÿ.		/		
AMENDMENT B	X 2.4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE		
	Total	* 10	Minus	** 2	0	=		\$ 9=		OR	X\$18=		ľ	
	Independent	NITATION OF M	Minus /	***	CLAIM	=	X	42=		OR	X84=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=			
			TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	9	1						
		(Column 1)		(Colur		(Column 3)	1					ļ		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-	
	Total	- 10	Minus	*2)	=	X	\$ 9=		OR	X\$18=	1	l	
	Independent	* J ENTATION OF M	Minus	*** 2	CLAIM	=	X	42=		OR	XX.		1	
	FIRST PRESE	INTATION OF IV	OLTIPLE DEF	ENDEN	CLAIN		+1	40=		OR	394		1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											1			